

B-1 (Official Form 1) (1/08)

United States Bankruptcy Court		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle) EDWARDS, Valerie K.		Name of Joint Debtor (Spouse) (Last, First, Middle) EDWARDS, Charles W.
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names)		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names)
Last four digits of Soc. Sec. or Individual Taxpayer ID (ITIN) No. (Complete ITIN if more than one, state all) 7574		Last four digits of Soc. Sec. or Individual Taxpayer ID (ITIN) No. (Complete ITIN if more than one, state all) 8404
Street Address of Debtor (No. and Street, City, and State) 3101 Harvest Ct. Island Lake, IL 60042 ZIP CODE		Street Address of Joint Debtor (No. and Street, City, and State) Woodstock Residence 309 McHenry Avenue 60098 Woodstock, IL ZIP CODE
County of Residence or of the Principal Place of Business LAKE		County of Residence or of the Principal Place of Business McHenry
Mailing Address of Debtor (if different from street address) ZIP CODE		Mailing Address of Joint Debtor (if different from street address) Joseph Vogler Guardian of Disbilled Inc. 2911 Grand Avenue 60085 Waukegan, IL ZIP CODE
Location of Principal Assets of Business Debtor (if different from street address above) ZIP CODE		
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 541(c)(2)(B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <input type="checkbox"/> Chapter 13 Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 541(e) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts
Filing Fee (Check one box.) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input checked="" type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000		
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion		

Valerie K. Edwards

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B-1 (Official Form 1) (1/08)

Voluntary Petition <i>(This page must be completed and filed in every case.)</i>		Name of Debtor(s) Charles W. Edwards	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)			
Location Where Filed	Case Number	Date Filed	
Location Where Filed	Case Number	Date Filed	
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)			
Name of Debtor	Case Number	Date Filed	
District	Relationship	Judge	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b). <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <input checked="" type="checkbox"/> Exhibit A is attached and made a part of this petition. </div> <div style="width: 50%; text-align: right;"> <div style="border-top: 1px solid black; display: inline-block; width: 150px;"></div> 11/7/08 Signature of Attorney for Debtor(s) (Date) </div> </div>	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input type="checkbox"/> No.			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) <div style="text-align: right;"> _____ (Name of landlord that obtained judgment) </div> <div style="text-align: right;"> _____ (Address of landlord) </div>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the landlord with this certification. (11 U.S.C. § 362(f))			

Voluntary Petition

(This page must be completed and filed in every case)

Document

Name of Debtor(s)

Page 3 of 33

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

(If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7) I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

(If no attorney represents me and no bankruptcy petition preparer signs the petition) I have obtained and read the notice required by § 342(b) of the Bankruptcy Code.

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Valerie K. Edwards
Signature of Debtor

X Valerie K. Edwards
Signature of Joint Debtor

NOT INDIVIDUALLY BUT
SOLELY AS GUARDIAN OF THE
ESTATE AND PERSON OF
Charles Edwards

Telephone Number (If not represented by attorney)

11-7-03

Date

Signature of a Foreign Representative of a Recognized Foreign Proceeding

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign main proceeding, and that I am authorized to file this petition. A certified copy of the order granting recognition is attached.

X
(Signature of Foreign Representative)

(Printed Name of Foreign Representative)

Date

Signature of Attorney

X Bonnie L. Macfarlane
Signature of Attorney for Debtor(s)

Printed Name of Attorney for Debtor(s)

BONNIE MACFARLANE, P.C.

Firm Name

106 W. State Rd./POB 268

Address

Island Lake, IL 60042

(847) 487-0700

Telephone Number

11-7-03

Date

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X
Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer. (Required by 11 U.S.C. § 110.)

Address

Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156

Form 6-Summ2
(10/05)

United States Bankruptcy Court

Northern District Of Illinois

Eastern Division

In re EDWARDS, Valerie K.
EDWARDS, Charles W.,
Debtor

Case No. _____

Chapter 7

STATISTICAL SUMMARY OF CERTAIN LIABILITIES (28 U.S.C. § 159) [Individual Debtors Only]

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ NO
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) <i>IL PUBLIC AID</i>	\$ 103,157.50
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ NO
Student Loan Obligations (from Schedule F)	\$ NO
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ NO
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ NO
TOTAL	\$ 103,157.50

The foregoing information is for statistical purposes only under 28 U.S.C. § 159.

Form 8
(10/05)

United States Bankruptcy Court

Northern District Of Illinois

EDWARDS, Valerie K. Eastern Division

In re EDWARDS, Charles W., Debtor

Case No. Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☐ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☐ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
HOUSE 3101 Harvest Ct. Island Lake, IL 60042		Countrywide Home Loans, Inc. X 1st Mtg. Countrywide Home Loans, Inc. X 2nd Mtg.			
Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(b)(1)(A)			

Date: 11-7-08

Valerie K. Edwards 11/7/08

Signature of Debtor
 NOT A DEBTOR BUT
 ATTORNEY AT LAW OF THE
 ESTATE AND PERSON OF
 Charles Edwards

DECLARATION OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security No. (Required under 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

B6A (Official Form 6A) (12/07)

EDWARDS, Valerie K.

In re EDWARDS, Charles W.,
DebtorCase No. _____
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing in "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
3101 Harvest Ct. Island Lake, IL 60042 single family residence		JT	165,000.00	165,000.00 1st Mtg 25,000.00 2nd Mtg
Total▶			165,000.00	

(Report also on Summary of Schedules)

Form 106B
(10/05)In re EDWARDS, Valerie K.
EDWARDS, Charles W.
DebtorCase No. _____
(If known)**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand				40.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives		Chase Bank, Wauconda, IL (ck) Chase Bank, Wauconda, IL (sv)		6,007.56 1,968.92
3. Security deposits with public utilities, telephone companies, landlords, and others	X			
4. Household goods and furnishings including audio, video, and computer equipment				500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles	X			
6. Wearing apparel				50.00
7. Furs and jewelry	X			
8. Firearms and sports, photographic, and other hobby equipment	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each	X			
10. Annuities. Itemize and name each issuer	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars (File separately the record(s) of any such interests) 11 U.S.C. § 541(c), Rule 1007(b)	X			

106B (Official Form 6B) (12/07) -- Cont.

EDWARDS, Valerie K.
EDWARDS, Charles W.

In re _____,
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N F	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		IRA Chase Bank / Valerie IRA Chase Bank / Charles Guardian Acct. for Charles		38,740.58 40,587.83
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X	Gurnee Community Bank & Trust Pension from CCH		5,000.00 960.70 per month
14. Interests in partnerships or joint ventures. Itemize.	X			<i>open retirement age</i>
15. Government and corporate bonds and other negotiable and non- negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life interests, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A -- Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit from life insurance policy, or trust.	X			
21. Other contingent and anticipated claims of every nature, including tax claims, counterclaims of the debtor, and claims to which claims. Give estimated value of each.	X			

Form B6B-cont
(10/95)

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22 Patents, copyrights, and other intellectual property. Give particulars	X			
23 Licenses, franchises, and other general intangibles. Give particulars	X			
24 Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes	X			
25 Automobiles, trucks, trailers, and other vehicles and accessories		2002 Saturn, 94,000 miles	W	1,200.00
26 Boats, motors, and accessories	X			
27 Aircraft and accessories	X			
28 Office equipment, furnishings, and supplies	X			
29 Machinery, fixtures, equipment, and supplies used in business	X			
30 Inventory	X			
31 Animals	X			
32 Crops - growing or harvested Give particulars	X			
33 Farming equipment and implements	X			
34 Farm supplies, chemicals, and feed	X			
35 Other personal property of any kind not already listed. Itemize.	X			

____ continuation sheets attached Total
(Include amounts from any continuation
sheets attached. Report total also on
Summary of Schedules.)

\$ 95,055.59

In re _____
DebtorCase No. _____
(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Residence	735ILC 5/12-901	Real Property \$15,000 per	
Necessary Wearing	735ILCS5/12-1001(e)	100%	50.00
Pesonal Property	735ILCS5/12-1001(b)	100%	3,540.00
Motor Vehicle	735ILCS5/12-1001(c)	\$2,400 any one	1,200.00
Tools of Trade	735ILCS5/121001-(d)	\$1,500 max value	-0-
Health Aids	735ILCS5/12-1001(e)	all	-0-
Life Insurance	735ILCS5/12-1001	all	-0-
Retirement Plans	735ILCS5/12-1005	all	85,289.11
Other (Misc)	735ILCS5/12-1001(b)	\$4,000 each	8,000.00

B6D (Official Form 6D) (12/07)

In re EDWARDS, Valerie K. - EDWARDS, Charles W. Case No. _____
Debtor (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H—Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Countrywide Home Loans, Inc. POB 10423 Van Nuys, CA 91410-0423		1st Mtg. VALUES				165,000.00	
ACCOUNT NO. Countrywide Home Loans, Inc. POB 10423 VAN Nuys, CA 91410-0423		2nd Mtg. VALUES				25,000.00	
ACCOUNT NO.							
VALUES							
Subtotal ▶ (Total of this page)						\$ 190,000.00	\$
Total ▶ (Use only on last page)						\$	\$

continuation sheets
attached

(Report also on Summary of Schedules)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data)

B6E (Official Form 6E) (12/07)

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(if known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

B6E (Official Form 6E) (12/07) – Cont.

In re Valerie K. Edwards
Charles W. Edwards,
Debtor

Case No. _____
(if known)

☐ Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7)

☒ Taxes and Certain Other Debts Owed to Governmental Units Illinois Public Aid

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

continuation sheets attached

B6F (Official Form 6F) (12/07)

In re EDWARDS, Valerie K.
Debtor
EDWARDS, Charles W.Case No. _____
(if known)**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(n). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 437200 Metro Center for Health 500 E. Ogden Ave., Ste. C Hinsdale, IL 60521-2480							4,377.00
ACCOUNT NO. 262*572257-1 Lake County Radiology Assoc., SC 36104 Treasury Ctr. Chicago, IL 60694-6100							36.00
ACCOUNT NO. 07-226294 Superior Air Ground Amb Service PO Box 1407 Elmhurst, IL 60126							1,000.54
ACCOUNT NO. G411268A Wellington Radiology Group 9410 Campubill Drive Orland Park, IL 60462							1,516.00
Subtotal▶							\$ 6,929.54
Total▶ (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)							\$

____ continuation sheets attached

EDWARDS, CharlesW.

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. E37734							
Medical Business Bureau, LLC PO Box 1219 Park Ridge, IL 60068-7219							423.00
ACCOUNT NO EDWCH000							
Thomas N. Porter, MD 755 S. Milwaukee Ave., Ste. 263 Libertyville, IL 60048-3266							270.00
ACCOUNT NO 204282							
Omnicare of Northern Illinois 2313 S. Mt. Prospect Rd. Des Plaines, IL 60018							4,604.48
ACCOUNT NO 6602398-437200							
OSI Collection Services PO Box 959 Brookfield, WI 53008-0959							4,377.00
ACCOUNT NO. 609902721							
Advocate Good Shepherd Hospital PO Box 70014 Chicago, IL 60673-0014							24,091.80
Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal▶ \$ 33,766.28
							Total▶ \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

EDWARDS, Valerie K.
EDWARDS, Charles W.

In re _____,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO 2267014-000 Condell Medical Center 97169 Eagle Way Chicago, IL 60678-9710							16,724.09
ACCOUNT NO. 07-135568 Illinois Medi Car, Inc. PO Box 1407 Elnhurst, IL 60126							146.13
ACCOUNT NO G00702434242 Alexian Brothers Medical Center Lock Box 22589 / 22589 Network Place Chicago, IL 60673-1225							40,158.25
ACCOUNT NO. 52048 Northwest Neurology, Ltd. 2260 W. Higgins Rd., Ste. 201 Hoffman Estates, IL 60169-2433							800.00
ACCOUNT NO TRI.B609902721 Tri-County Emergency Physicians PO Box 369 Barrington, IL 60010							423.00
Sheet no ____ of ____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 58,251.47
							Total ▶ \$
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

Case No. _____
(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 67-8491034 Elk Grove Radiology SC 75 Remittance Dr., Ste. 6500 Chicago, IL 60675-6500							387.00
ACCOUNT NO. 861-1-0008360145 Midwest Diagnostic Pathology SC 75 REMittance Dr., Ste. 3070 Chicago, IL 60675-3070							584.00
ACCOUNT NO. Barrington Cardiology SC 912 W. Northwest Hwy. #100 Fox River Grove, IL 60021							450.00
ACCOUNT NO. 07-226294 Superior Aire Ground AMB Svc. PO Box 1407 Elmhurst, IL 60126							985.00
ACCOUNT NO. 165477 Medical Services, RIC 36912 Eagle Way Chicago, IL 60678-1369							3,042.00
<div style="display: flex; justify-content: space-between;"> Sheet no. 1 of 1 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Subtotal➤ </div>							\$ 5,448.00
<div style="display: flex; justify-content: space-between;"> Total➤ </div>							\$

(Use only on last page of the completed Schedule F)
(Report also on Summary of Schedules and, if applicable on the Statistical
Summary of Certain Liabilities and Related Data)

B6F (Official Form 6F) (12/07) - Cont.

EDWARDS, Valerie K.

EDWARDS, Charles W.

In re _____,
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO 56-4748267 IHC Libertyville Emergency Physicians PO Box 3261 Milwaukee, WI 53201-3261							907.00
ACCOUNT NO 262*573591.1 Lake County Radiology Assoc., SC 36104 Treasury Center Chicago, IL 60694-6100							149.00
ACCOUNT NO 004295 Kenneth Margules, MD 2026 N. Lewis Zion, IL 60099							120.00
ACCOUNT NO 56-4748267 Infinity Healthcare Physicians 1251 W. Glen Oaks Lane Mequon, WI 53092-3378							907.00
ACCOUNT NO 168*626808.3 Condell Pathology Group, Ltd. 5393 Paysphere Circle Chicago, IL 60674-0053							888.00
Sheet no ____ of ____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶ \$ 2,971.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data)							Total ▶ \$

FORM 136 - Cont
(10/89)

EDWARDS, Valerie K.
EDWARDS, Charles W.

In re _____ Debtor

Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBATOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 657616							
OAC POB 371100 Great Lakes Pathology Milwaukee, WI 53237-2200							62.00
ACCOUNT NO. 165477							
Harris & Harris, Ltd. 600 W. Jackson Blvd., Ste. 400 Chicago, IL 60661			Rehab Inst. of Chicago				3,042.00
ACCOUNT NO. (3 accts)							
LaChapelle Credit Service, Inc. 200 N. Monroe POB 1653 Green Bay, WI 54305-1653							2,094.00
ACCOUNT NO. 001102-00							
Lake Zurich Medical-B 290 N. Rand Rd/Ste A Lake Zurich, IL 60047							990.00
ACCOUNT NO. 6572944 087-2061299 93010							
OST Collections 1375 E. Woodfield Dr. Ste #110 Schaumburg, IL 60173-447							28.00

Sheet no. _____ of _____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 6,216.00
(Total of this page)
Total > \$ _____

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

FORM 106 - Cont
(10/89)

EDWARDS, Valerie K.
In re EDWARDS, Charles W.,
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 087-2-0002061299 Elk Grove Cardiology Assoc 520 E 22nd St. Lombard, IL 60148							28.00
ACCOUNT NO. 37641 Rescue Eight Paramedic Service POB 457 Wheeling, IL 60090							1,272.50
ACCOUNT NO. 168*626808 Condell Pathology Group 5292 Payshpere Circle Chicago, IL 60674-0053							858.00
ACCOUNT NO. 688*609902721 Great Lakes Pathology POB 78420 Milwaukee, WI 53218-0420							62.00
ACCOUNT NO. Superior Air Ground Amb Svc POX 1407 Elmhurst, IL 60120							all tickets 5,952.43

Sheet no. _____ of _____ sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 8,172.93
(Total of this page)

Total > _____

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

FORM 106F - Cont

(1089)

EDWARDS, Valerie K.

EDWARDS, Charles W.

In re

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 07-169974 Superior Air Ground Amb Service POB 1407 Elmhurst, IL 60126							869.50
ACCOUNT NO. 8474879628830 (SBC) Leading Edge Recovery Solutions LLC 5440 N. Cumberland Ave., Ste. 300 Chicago, IL 60656-1490							68.24
ACCOUNT NO. 6463824 Medical Recovery Specialists, 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018-4519							24,091.80
ACCOUNT NO. 088036820000001 Verizon Wireless BOX 25505 Lehigh Valley, PA 18002-5505							133.23
ACCOUNT NO. 1011911-000 Condell Medical Center 97169 Eagle Way Chicago, IL 60678-9710							11,930.28

Sheet no. ___ of ___ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 37,093.05
(Total of this page)

Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

B6F (Official Form 6F) (12/07) - Cont.

in re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO 37641 Rescue Eight Paramedic Service PO Box 457 Wheeling, IL 60090							830.00
ACCOUNT NO NMS281 NCO Financial Systems POB 4907 Trenton, NJ		(SBC)					68.24
ACCOUNT NO 911473 Northwest Collectors, Inc. 3601 Algonquin Road, Ste. 232 Rolling Meadows, IL 60008-3106							830.00
ACCOUNT NO 204282 Omnicare of Northern Illinois POB 641805 Cincinnati, OH 45264-0001							9,385.37
ACCOUNT NO 932648-662531 / 932695-662531 Dependon Collection Svc, Inc. POB 4833 Oak Brook, IL 60523-4833							36.00 149.00
Sheet no ____ of ____ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal > \$ 11,298.61
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data)							Total > \$

FORM 101 - Cont
(12/01/07)

In re EDWARDS, Valerie A.
RDS, Charles A.
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR	DEBTR, W/L, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO 07G105412863 Ice Mountain POB 85680 Louisville, KY 40285-6680							96.45
ACCOUNT NO 611154105 Advocate Good Shepherd Hospital POB 70014 Chicago, IL 60673-0014							50.00
ACCOUNT NO B611154105 TriCounty Emergency Physicians POB 369 Barrington, IL 60010-0098							8.00
ACCOUNT NO 605585132 Good Shepherd Hospital POB 70014 Chicago, IL 60673							546.00
ACCOUNT NO 6162076 Medical REcovery Specialists, inc. 2250 E. Devon Ave., Ste. 352 Des Plaines, IL 60018			Good Shepherd Hospital				563.12

Sheet no. ____ of ____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 1,263.57
(Total of this page)

Total > \$ _____

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules)

FORM 106 - Cont
(01/88)

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO 3-08260607 Northwestern Medical Faculty Foundation POB 75494 Chicago, IL 60675-5494						744.00
ACCOUNT NO 42-03585104 Barrington Radiology & Imaging Assoc POB 71129 Chicago, IL 60694						242.00
ACCOUNT NO 006959 Willis G. Parsons, MD, PC 1730 Park St., Ste. 101 Naperville, IL 60563						155.00
ACCOUNT NO 63350284-001 Northwestern Memorial Hospital 251 E. Huron Street Chicago, IL 60611						4,838.00
ACCOUNT NO A10014578 Suburban Associates 1100 W. Central Rd., Ste. 205 Arlington Heights, IL 60005-2465						115.00

Sheet no. _____ of _____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 6,094.00
(Total of this page)
Total > _____
(Use only on last page of the completed Schedule F)
(Report total also on Summary of Schedule F)

FORM 106- Cont.
10-99

EDWARDS, Valerie K.
EDWARDS, Charles W.

In re

Debtor

Case No.

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CREDITOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO 608765376 Good Shepherd Hospital POB 70014 Chicago, IL 60673							563.12
ACCOUNT NO 60521891 Good Shepherd Hospital POB 70014 Chicago, IL 60673							121.00
ACCOUNT NO 3-08260607 Northwestern Medical Faculty Foundation POB 75494 Chicago, IL 60675-5494							582.00
ACCOUNT NO 605588367 Good Shepherd Hospital POB 70014 Chicago, IL 60673							512.00
ACCOUNT NO 006997 Willis Parsons., MD 1730 Park St., Ste. 101 Naperville, IL 60563		101					3,385.00

Sheet no. ___ of ___ sheets attached to Schedule of
Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 5,163.12
(Total of this page)
Total > \$

(Use only on last page of the completed Schedule F.)

(Report total also on Summary of Schedules.)

FORM BOP - Cont
(1-0-99)

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____ (If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODERTOR	HUSBAND, WIFE, JOINT, OR COMBINED	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3-08260607 Northwest Medical Faculty Foundation POB 75494 Chicago, IL 60675-5494							162.00
ACCOUNT NO. 142448404 CIGNA Health Care POB 188030 Chattanooga, TN 37422-8030							135.00
ACCOUNT NO. Michael H. Levinson 303 34th Street, Ste. 6 Virginia Beach, VA 23451-2804							9,810.00
ACCOUNT NO. Joseph H. Vogler 2911 Grand Avenue Waukegan, IL 60085							2,052.50
ACCOUNT NO. Douglas W. Stiles 9 N. County Street Waukegan, IL 60085							2,407.50

Sheet no. ____ of ____ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 14,567.00
(Total of this page)
Total > \$ _____
(Use only on last page of the completed Schedule F.)
(Report total at bottom of page)

FORM 101 - Cont
FD-501

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR	DATE CLAIM WAS INCURRED, AND CONSIDERATION FOR CLAIM IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. G411268A KCA Financial Services, Inc. 628 North St., POB 53 Geneva, IL 60134		(Wellington Radiology)				1,516.00
ACCOUNT NO. 67-8491034 Elk Grove Radiology, SC 75 Remittance Dr., Ste. 6500 Chicago, IL 60675-6500						321.00
ACCOUNT NO. Bureau of Collections Technical Recovery Section 1111 1/4 N. Avon Street Rockford, IL 61101		Illinois Public Aid				103,157.50
ACCOUNT NO. 67-8491034 Elk Grove Radiology 75 Remittance Dr., Ste. 6500 Chicago, IL 60675-6500						36.00
ACCOUNT NO. 11070230 Illinois Collection Service POB 1010 Tinley Park, IL 60477-9110						29.00

Sheet no. 27 of 27 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal > \$ 105,059.50
(Total of this page)
Total > \$
(Use only on last page of the completed Schedule F.)
(Report total) \$ 302,294.07

B6G (Official Form 6G) (12/07)

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(if known)

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B6H (Official Form 6H) (12/07)

In re EDWARDS, Valerie K.
EDWARDS, Charles W.
Debtor

Case No. _____
(if known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

Form 101
10-01-01

EDWARDS, Valerie K.
EDWARDS, Charles W.

In re _____
Debtor

Case No. _____
(if known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 7, 11, 12, or 13 case whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: M	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP:	AGE:
Employment:	DEBTOR	SPOUSE
Occupation: Unemployed		Disabled
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average monthly income)

DEBTOR

SPOUSE

1. Current monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

\$ _____ \$ _____
\$ _____ \$ _____

3. SUBTOTAL

\$ _____ \$ _____

4. LESS PAYROLL DEDUCTIONS

- a. Payroll taxes and social security
- b. Insurance
- c. Union dues
- d. Other (Specify): _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ _____ \$ _____

6. TOTAL NET MONTHLY TAKE HOME PAY

\$ _____ \$ _____

7. Regular income from operation of business or profession or firm. (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above.
11. Social security or government assistance (Specify): Charles SS Disability
12. Pension or retirement income
13. Other monthly income (Specify): _____

\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____
\$ _____ \$ _____

14. SUBTOTAL OF LINES 7 THROUGH 13

15. TOTAL MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ _____ \$ _____
\$ _____ \$ _____

16. TOTAL COMBINED MONTHLY INCOME: \$ _____

(Report also on Summary of Schedules.)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

1001

to re Valerie K. Edwards
Debtor

Case No. _____
(if known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average monthly expenses of the debtor and the debtor's family. Pro rate any payments made bi-weekly, quarterly, semi annually, or annually to show monthly rate.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ _____
 - a. Are real estate taxes included? Yes _____ No _____
 - b. Is property insurance included? Yes _____ No _____
2. Utilities: a. Electricity and heating fuel \$ _____
 b. Water and sewer \$ _____
 c. Telephone \$ _____
 d. Other \$ _____
3. Home maintenance (repairs and upkeep) \$ _____
4. Food \$ _____
5. Clothing \$ _____
6. Laundry and dry cleaning \$ _____
7. Medical and dental expenses \$ _____
8. Transportation (not including car payments) \$ _____
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ _____
10. Charitable contributions \$ _____
11. Insurance (not deducted from wages or included in home mortgage payments)
 - a. Homeowner's or renter's \$ _____
 - b. Life \$ _____
 - c. Health \$ _____
 - d. Auto \$ _____
 - e. Other \$ _____
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____ \$ _____
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
 - a. Auto \$ _____
 - b. Other \$ _____
 - c. Other \$ _____
14. Alimony, maintenance, and support paid to others \$ _____
15. Payments for support of additional dependents not living at your home \$ _____
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ _____
17. Other \$ _____
18. TOTAL MONTHLY EXPENSES (Report also on Summary of Schedules) \$ -0-
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document _____
20. STATEMENT OF MONTHLY NET INCOME:
 - a. Total monthly income from Line 16 of Schedule I Charles's Disability income of \$ _____
 - b. Total monthly expenses from Line 18 above \$1,939.00 goes directly to the \$ _____
 - c. Monthly net income (a. minus b.) Woodstock Residence in Woodstock, IL. \$ _____

Form 6-Summary
(10/05)

United States Bankruptcy Court

Northern District Of Illinois

In re Valerie K. Edwards
Charles W. Edwards
Debtor

Eastern Division

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, G, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities."

AMOUNTS SCHEDULED

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 165,000.00		
B - Personal Property	YES	3	\$ 95,055.59		
C - Property Claimed as Exempt	YES	1			
D - Creditors Holding Secured Claims	YES	1		\$ 190,000.00	
E - Creditors Holding Unsecured Priority Claims	YES	2		\$ 103,157.50	
F - Creditors Holding Unsecured Nonpriority Claims	YES	14		\$ 302,294.07	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	1			\$ -0-
J - Current Expenditures of Individual Debtor(s)	YES	1			\$ -0-
TOTAL		26	\$ 260,055.59	\$ 595,451.57	

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re _____
Debtor

Case No. _____
(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 11/17/08

Signature: Valerie K. Edwards

Debtor

Signature: Jesse H. - C.S.

(Joint Debtor, if any)

NOT INDIVIDUALLY BUT
SOLELY AS GUARDIAN OF THE
ESTATE AND PERSON OF

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (If joint, each spouse must sign.) 11 U.S.C. § 110

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

_____ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110, 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature _____

[Print or type name of individual signing on behalf of debtor]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571